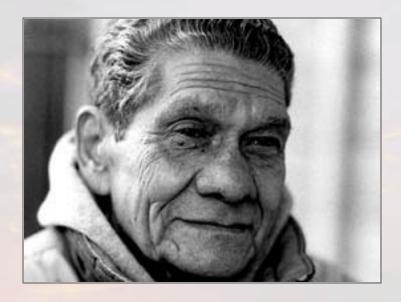# Alzheimer's Disease: Latino Community

Sea Mar
Care Advocates
Liaisons for Latino Families

Developed by the Sea Mar
Community Mental Health Center,
Elder Health Northwest, the
Alzheimer's Association, and
Washington Aging and
Adult Services

Alzheimer's Disease Demonstration Grants to State Program

A Program of the U.S. Administration on Aging

Prior to the Alzheimer's Demonstration grant, there were no services in the Seattle area targeted specifically for Latino elders with dementia needs. At the beginning of this project, Latinos were one of the populations targeted and Sea Mar was identified as an appropriate partner in the project because it was a well-established and highly respected healthcare provider already serving the Latino community.

Although Sea Mar had been serving elderly clients, it had not focused on the needs of Alzheimer families, nor was it linked with the local network of traditional providers of aging services.

In contrast, Elder Health Northwest was a well-established provider of adult day care services with extensive links to the traditional network of service providers. Elder Health Northwest had a history of little success or experience serving the Latino population. By linking these two agencies, the Alzheimer's Demonstration project sought to enhance the services for the Latino elderly population by increasing knowledge of dementia issues and linking the programs with mainstream service providers who in turn benefitted from greater knowledge about serving the Latino population.

Why Client Advocates?

The primary goal of the program is to recruit and train Latino client advocates to facilitate the use of adult day care programs by Latino clients. Client advocates are persons who provide liaison between the adult day care programs and the Latino clients.

The Client Advocate model developed by the Alzheimer's Demonstration Project in

the state of Washington is based on the idea that services developed to be user-friendly and culturally appropriate will be more accessible to minority groups. Client advocates are bicultural and bilingual individuals with dementia training who serve as a liaison for the Latino clients who need adult day care.

The client advocates are involved with outreach efforts and the daily tasks of the adult day care program, but their main priority is to help integrate the Latino clients into the day care setting. Additionally, they advocate for their clients within the broader service network (Social Security benefits, Medicaid, Medicare, etc.). The client advocate shares knowledge of the Latino culture with the day care staff and helps other staff to become more comfortable with serving the Latino clients. The client advocate may also lead some activities at the adult day care center in Spanish or both English and Spanish to help clients from different backgrounds engage in common activities.

How We Made it Work

The project began by identifying and approaching the appropriate partner providers. For example, the Sea Mar Project Coordinator contacted Elder Health Northwest's director. Key individuals from each provider group met to develop an implementation plan. Each partner brought resources to the collaboration as well as a willingness to learn from others.

Elder Health Northwest contributed its expertise acquired from a long history of providing adult day care services to dementia families through its established links to the larger network of providers of

aging services. It had a staff skilled in aging issues and knowledgeable about the needs of persons with dementia. The agency staff was motivated by a desire to learn how best to serve the Latino community. The local chapter of the Alzheimer's Association of Western and Central Washington contributed knowledge about dementia and provided resource materials prepared in Spanish.

The Alzheimer's Association chapter had significant resources and an interest in widely disseminating Spanish language materials. Sea Mar contributed its knowledge, history, and solid reputation for service delivery in the Latino community. This agency was motivated by the knowledge that there was a significant need for aging services for its Latino community.

Working together, these agencies created the foundation for developing and implementing the Client Advocacy Model.

Barriers and Obstacles

The general Latino community needed to be made aware of dementia issues and the services available to meet the needs of Alzheimer families. Outreach was accomplished through television and radio advertising. In addition, brochures were placed in locations throughout the community frequented by elderly persons or their family members. These locations included grocery stores, churches, restaurants, banks, health clinics, and nutrition sites.

The general lack of awareness of dementia in the community contributed to stigma and misinformation in the community. For outreach efforts to be

effective, providers needed to be very conscious of privacy issues. Trust needed to be built in the community for the adult day care program. Additionally, trust needed to be developed between the Latino clients and the client advocates. Client advocates focused on building rapport and trust with each client. They tried to address each client's immediate needs as quickly as possible. This often entailed finding support services and linking clients to such services. For example, a client advocate might find a way to pay for medicine or new glasses. Advocates also supported clients by serving as translators and by accompanying clients on visits to medical facilities.

The newly formed partnership of providers developed a capacity to serve Latino clients very efficiently. The limited resources available for this project were used to support the client advocate's position. In-kind resources were used to cover all other costs.

Sea Mar began by identifying and training client advocates. Sea Mar continued to provide technical support, on-going training, and encouragement to each client advocate. Sea Mar selected appropriate client advocates who were connected to the Latino community. They were bicultural and bilingual and were characterized by a desire to help and by a caring attitude.

The success of the program also depended upon the willingness of participating adult day care centers to be flexible, open to change, and willing to re-think and alter protocols for service delivery. Also, for the client advocacy model to work, the host day care agency had to be willing and committed to serving the Latino community. Centers

had to be more flexible in their intake process. They sometimes began serving the client before all application forms were completed. Basic issues of programming (how to appropriately balance the cultures) had to be worked through and negotiated among partners. Processes and practices had to be reassessed and renegotiated on an on-going basis. Success was achieved by integrating services rather than by operating two separate programs under one roof.

Benefits to Clients and the Community

The Client Advocate Model is a cost-effective means of overcoming cultural and language barriers in serving a minority population. Its legacy is the creation of strong community partnerships that have resulted not only in increased service capacity but also in enhanced services.

The involvement in this partnership has increased and enhanced the service capacity of each partner. Partner agencies have learned from each other and their own programs have been enriched. Many of the client advocates initially trained for this program have been hired as permanent staff members of the adult day care center. Elder Health Northwest has essentially integrated the Client Advocate model into its established day care programs. The agency has learned how to provide services to the Latino community by overcoming cultural barriers.

Sea Mar has adapted the Client Advocate model to other service programs including meal sites and rural adult day care settings. Also, the outreach efforts to the larger Latino community have increased knowledge and awareness of aging and dementia issues within the community.

What Does it Cost?

Resources needed to replicate this model include:
- Funds sufficient to support a full-time client advocate position
- On-going technical support for the client advocate
- Extended outreach efforts
- A provider organization willing to be flexible
- Resources to conduct cultural training for service staff

Keys to Success

1. Partners were willing to re-examine their own beliefs and cultural misunderstandings.
2. Partners began with an understanding that the traditional way of doing things may not be the best way to serve a minority community.
3. Integrating two cultures into a service program required flexibility from both cultures.
4. The heart to heart connection among staff and clients made all the difference.
5. A commitment to serve was the most important element.

Contacts

Administration on Aging: (202) 401-4547
330 Independence Ave.
Washington, DC 20201

Hilari Hauptman: (360) 493-2559
Lynne Korte: (360) 438-8934
Aging and Adult Services Administration
PO Box 45600
Olympia, WA 98504

Ninfa Quiroz: (206) 764-4716
Senior Information & Assistance
Sea Mar Community Health Center
8914th Avenue South
Seattle, WA 98108

**Other Projects that Serve Latino
populations:**
Rosa Ramierez: (213) 938-3379
California Alzheimer's Demonstration
Project; Alzheimer's Association
5900 Wilshire, Suite 1710
Los Angeles, CA 90036

Florida Alzheimer's Demonstration
Project: (850) 414-2060
Office of Volunteer and Community
Services; Department of Elder Affairs
4040 Esplanade Way, St. #260
Tallahassee, FL 32399-7000

Dalia Santiago: (809) 721-3430
Puerto Rico Alzheimer's Demonstration
Project; Governor's Office of Elderly
Affairs
Call Box 50063
Old San Juan Station
San Juan, PR 00902

The Administration on Aging is the official
Federal agency dedicated to policy
development, planning and the delivery of
supportive home and community-based
services to older persons and their caregivers
through the national aging network of state
and local agencies on aging, tribal
organizations, service providers and
volunteers.